



**312-402-5454**

## **VETERINARIAN RELEASE**

CLIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_

Vet name and Hospital \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers \_\_\_\_\_

### **TO THE HOSPITAL:**

During my absence, a representative of **South Loop Pet Care** will be caring for my pet(s) and has my permission to transport them to your office for treatment. I authorize you to treat my pet(s) and will be responsible for payment to you upon my return.

**Please file this form with my records.**

Pet(s) Name(s):

\_\_\_\_\_

I, \_\_\_\_\_, pet owner, hereby give **South Loop Pet Care** my express permission to transport my pet(s) for care to the above mentioned veterinarian (or to the closest facility in the event of emergency). I give permission for the hospital/clinic/doctor to administer whatever care/medications necessary to care for my pet(s), with the exclusion of the following:

\_\_\_\_\_

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
South Loop Pet Care representative

\_\_\_\_\_  
Date